CO APCD Supporting Health Policy

CIVHC
CENTER FOR IMPROVING VALUE IN HEALTH CARE

May 21, 2024

Presenters

- Tara Smith
  - Primary Care and Affordability Director, Division of Insurance (DOI)
- Jill Mullen, MS
  - Policy Advisor, Division of Insurance (DOI)
- Kristin Paulson, JD, MPH
  - CEO & President, CIVHC
- Cari Frank, MBA
  - VP of Communication and Marketing, CIVHC

Agenda

- About CIVHC
- CO APCD Supporting Policy
  - Overview
  - Informing Development
  - Supporting Implementation
  - Evaluating Impact
- DOI Use Cases – Primary Care & Out of Network
- Q&A

Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page at: **civhc.org**

Who We Are

CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Our Mission

To equip partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care.

Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.

We Are

- Non-profit
- Independent and objective
- Service-oriented

Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.

How We Serve

Administrator of the Colorado APCD:

Public CO APCD Data

Identify opportunities for improvement in our communities through interactive reports and publications

Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs

CIVHC Support Services:

- Analytic Services
- Health Care Programs: Palliative care, Advanced Care Planning, Older Adults
- Community Engagement
- Program Evaluation
- Research

History of the CO APCD

2008
CO APCD recommended by **Blue Ribbon Commission for Health Care Reform**

2010
CO APCD Legislation (HB 10-1330); **CIVHC named administrator by HCPF**

2012
CO APCD **operational**; first **public data** via website and begin providing **non-public data**

2013-2016
Enhancements to public data/infrastructure; added **more payers/Medicare**; increased custom data fulfillments

2017-2019
Transition to **new data vendor**; enhanced capabilities; launched **new website/public data**

2019-Present
New **state operating funding** for **enhanced data**, tools, analytics, public reporting

CO APCD in Policy Overview

- CO APCD analyses are actively **informing**, **supporting** and **sustaining** positive changes in Colorado's health care system
- Lawmakers lean on CO APCD data as an unbiased source of information to **understand issues and discuss policy solutions**
- The CO APCD is regularly written into legislation as a data source to **implement policy**
- To date, the CO APCD has been written into **9** pieces of legislation and informed over **15**
- CO APCD embedded in state policy **more than any other state**
  - Investment in data quality
  - Intentional, consistent relationship-building

CO APCD Informing Policy Development

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CO APCD Informing Policy Development

Analyses Requested to Inform Policy Development
Firearm Related Injuries
Wildfire/Ozone Impact on Health
Emergency Department Use for Mental Health and Potential Self-Harm
Vasectomies and Contraception (Utilization and Cost)
Telehealth Services & Equity Analysis
Top 100 Brand and Generic Commercial Prescription Drugs
Nurse Midwife Payment Evaluation
Low Birthweight and Birth Outcomes
Free-standing Emergency Departments
Populations at Risk for Serious Illness / Distribution of COVID-19 Vaccine

Telehealth Equity Analysis

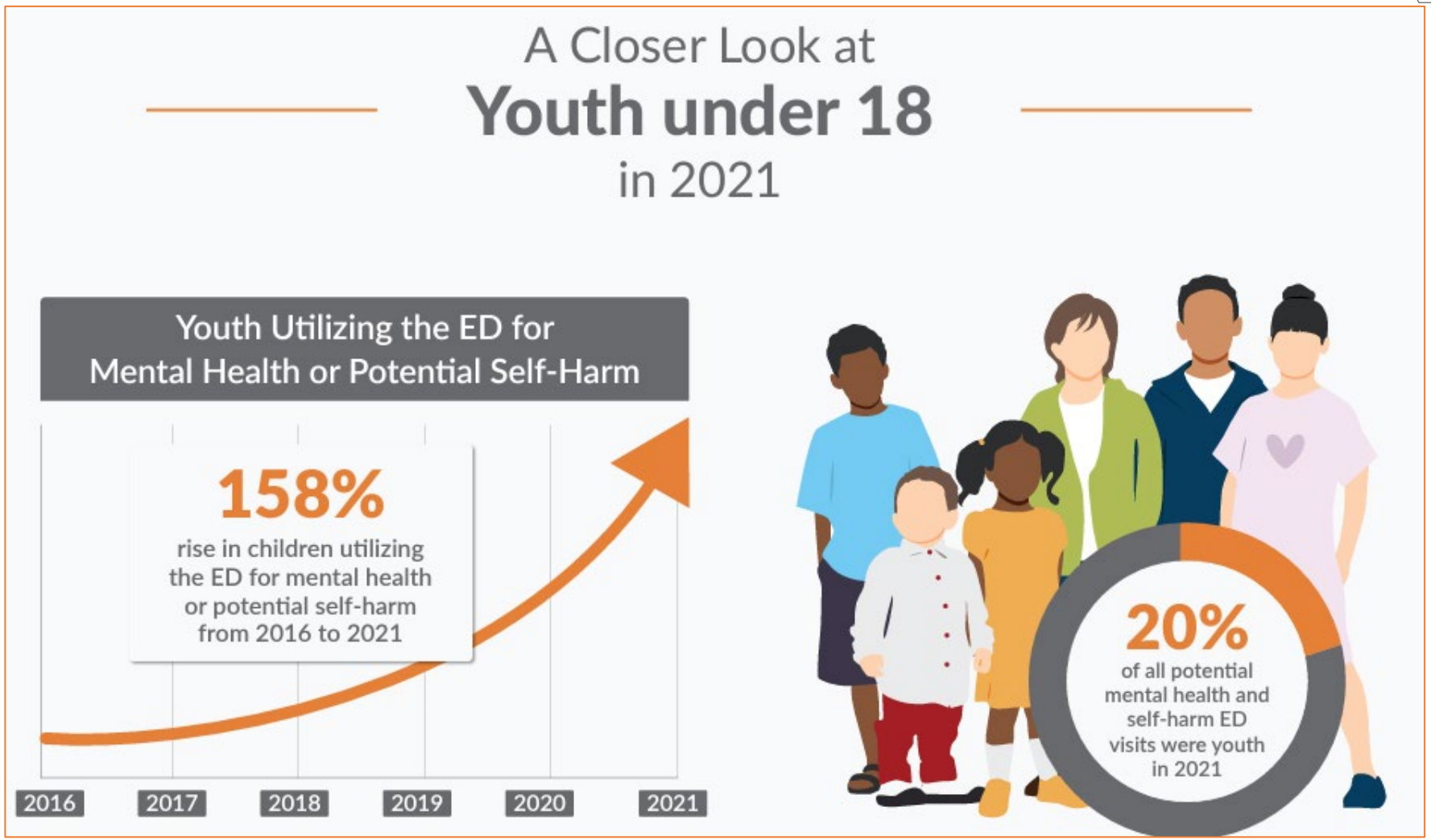
STATEWIDE Relationship Table

● Moderate relationship ■ Weak/No relationship

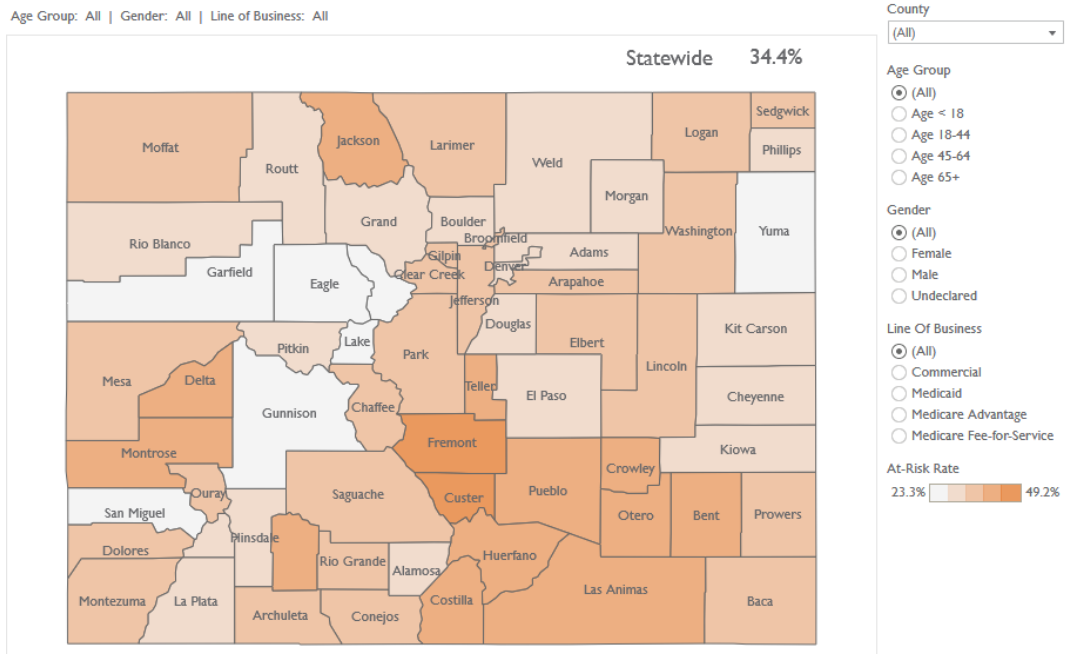
*The CO APCD does not contain Veterans Administration (VA) data, and Telehealth and In-Person rates from the CO APCD do not include any visits conducted through VA services.

HEALTH CARE VISIT VS. SOCIAL FACTORS	People of Color	Limited English	Without H.S Diploma	Unemployed	Disability	Veterans*	Without Vehicle	Without Internet	Without Computer	Without Smartphone
Telehealth	■	■	■	■	■	●	●	■	●	●
In-Person	■	■	■	■	■	■	■	■	■	■

ED Use for Mental Health and Potential Self-Harm



COVID Vaccine Distribution: Populations at Risk for Serious Illness



Select County: Adams

Adams

(Population Count: 283,034):

	Age < 18	Age 18-44	Age 45-64	Age 65+	Grand Total
Nursing Home/LTC Residents	*	0.0%	0.3%	1.9%	0.3%
Chronic Lung Disease	9.8%	10.1%	14.1%	23.4%	12.7%
Serious Heart Disease	0.1%	0.8%	6.9%	26.6%	5.5%
Immunocompromised	0.6%	2.0%	7.2%	17.9%	4.9%
Severe Obesity	0.6%	4.6%	8.9%	9.8%	5.0%
Diabetes	0.3%	2.9%	15.5%	28.1%	8.2%
Chronic Kidney Disease	0.8%	3.2%	11.3%	32.0%	8.2%
Liver Disease	0.0%	0.3%	1.5%	1.8%	0.7%
Tobacco Use (Smoking)	0.1%	4.2%	6.9%	5.1%	3.6%

** Indicates the value was suppressed due to low volume.*

Firearm Related Injuries

Total Volume

7,000+

claims for firearm injuries in 2022, representing the highest total claim volume in the last seven years.

Total Cost

$8.4M

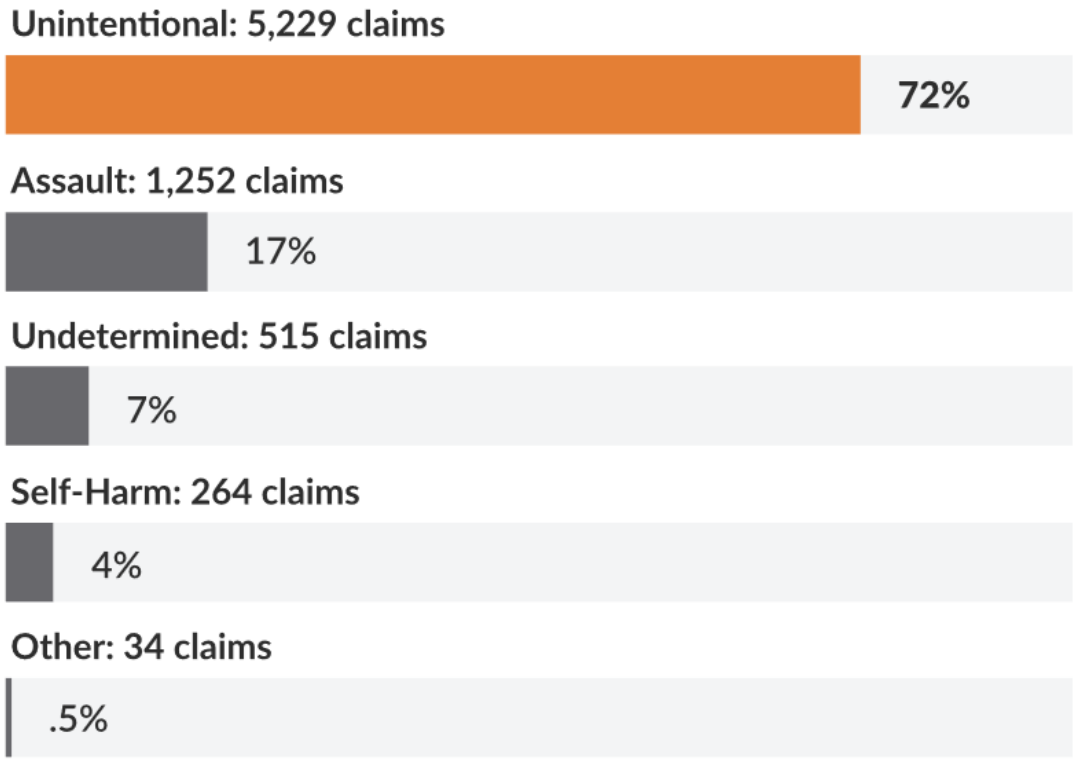
in health care payments made for firearm injuries across all payers in 2022.

Overall Percent

53%

claim rate increase from 2016-2022

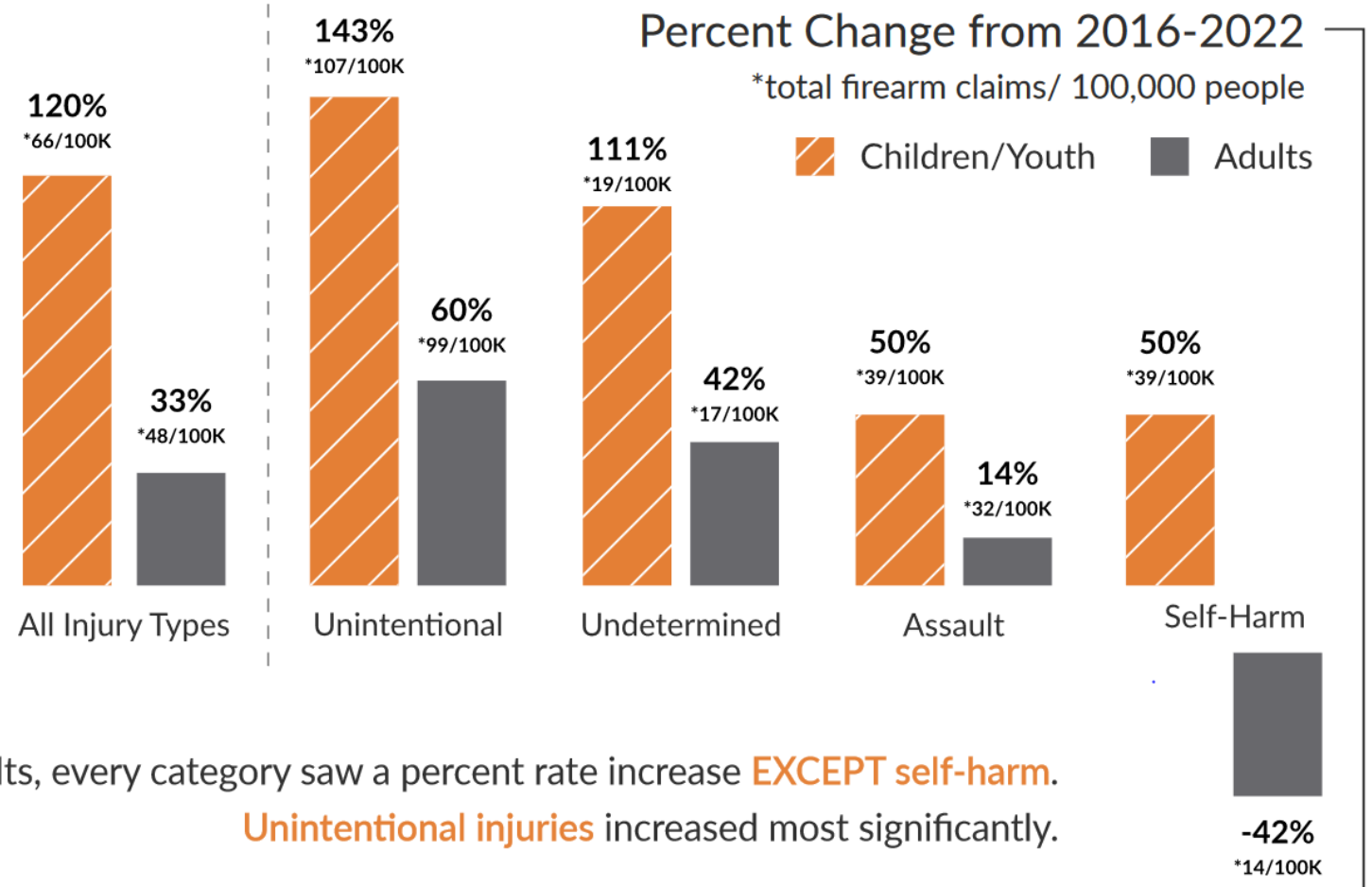
Firearm Injury Type Breakdown
2022 All Payers



Firearm Injury Trends

Injury Type by Age
2016-2022 All Payers

From 2016-2022 firearm injuries increased in every injury type the most for children and youth. The largest percent increases were for unintentional and undetermined.



For adults, every category saw a percent rate increase EXCEPT self-harm. Unintentional injuries increased most significantly.

CO APCD Supporting Policy Implementation

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CO APCD Supporting Policy Implementation

CO APCD Policy	Bill
Investments in Primary Care to Reduce Health Costs	HB 19-1233
Out of Network Surprise Billing	HB 19-1174
Colorado Affordable Health Care Option	HB20-1349
Colorado Prescription Drug Affordability Board	SB 21-175
Actuarial Reviews Health Insurance Mandate	SB 22-040
Behavioral Health Administration	HB 22-1278
Coverage Requirements for Health Care Products (Drug Rebate)	HB 22-1370
Primary Care Alternative Payment Models	HB 22-1375
Prevention of SUD Disorders	SB 24-047

Prescription Drug Affordability Board

- CO APCD used to:
  - Identify drugs to evaluate for affordability, may set upper price limit
  - Understand top 15 drugs payers receive rebates for
  - Value-based pharmaceutical contracts

Top 10 Eligible Drugs
Patient Count in 2021 APCD Claims

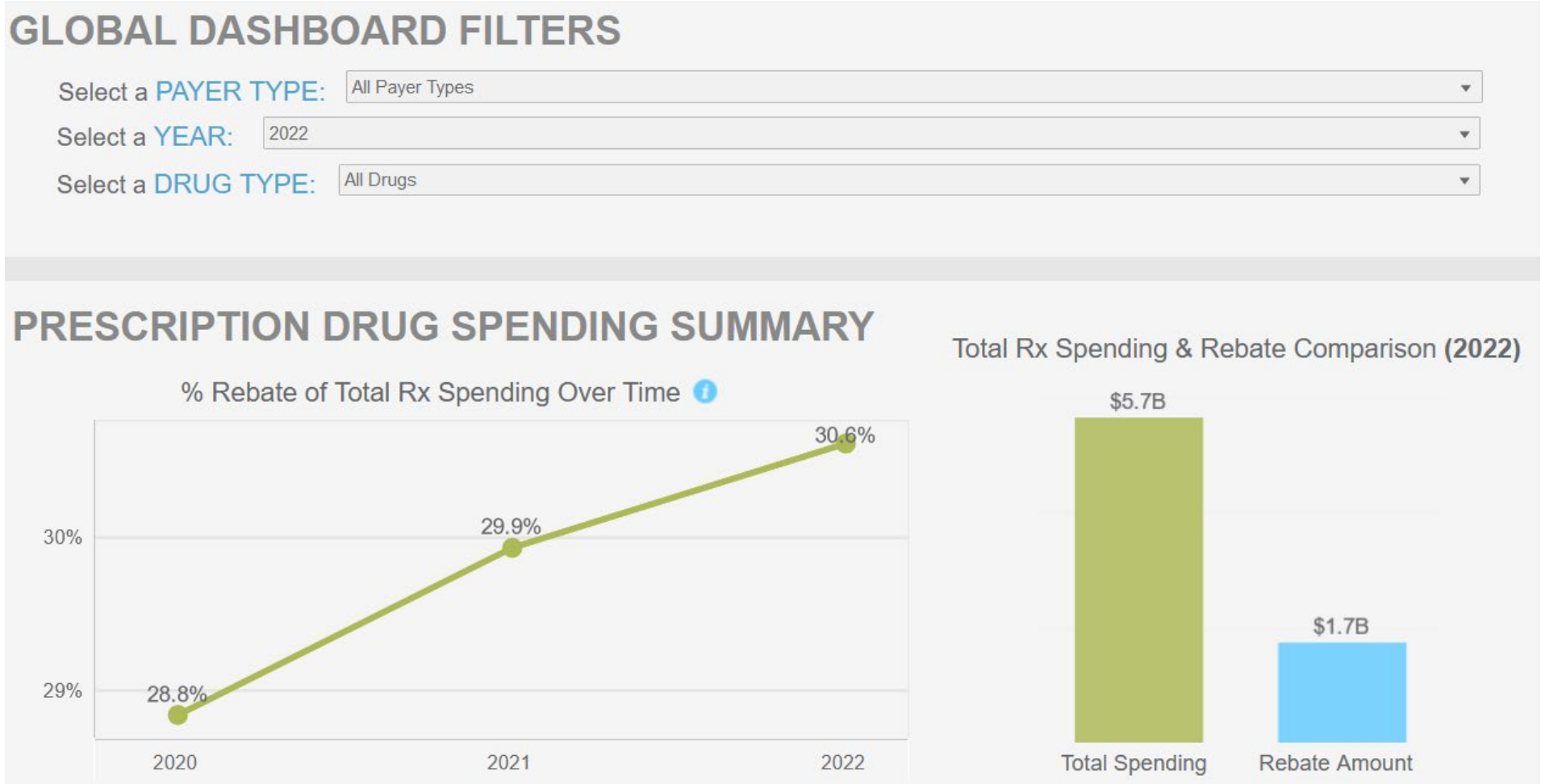
Brand - Strength - Dose	
HUMIRA 40 mg/0.4 mL PEN INJECTOR KIT (EA)	3,703
ENBREL 50 mg/mL (1 mL) PEN INJECTOR (ML)	1,707
INFLECTRA 100 mg VIAL (EA)	1,156
GENVOYA 150 mg-150 mg-200 mg-10 mg TABLET	940
HUMIRA 40 mg/0.4 mL SYRINGE KIT (EA)	643
ENBREL 50 mg/mL (1 mL) SYRINGE (ML)	460
COSENTYX 150 mg/mL PEN INJECTOR (ML)	456
STELARA 90 mg/mL SYRINGE (ML)	414
TRIKAFTA 100 mg-50 mg-75 mg (day)/150 mg (night) ..	372
RINVOQ 15 mg TABLET EXTENDED RELEASE 24 HR	370

Top 10 Eligible Drugs
Total Paid in 2021 APCD Claims

Brand - Strength - Dose	
HUMIRA 40 mg/0.4 mL PEN INJECTOR KIT (EA)	$191,201,943
TRIKAFTA 100 mg-50 mg-75 mg (day)/150 mg (night) ..	$75,859,910
ENBREL 50 mg/mL (1 mL) PEN INJECTOR (ML)	$72,504,276
STELARA 90 mg/mL SYRINGE (ML)	$45,794,896
HUMIRA 40 mg/0.4 mL SYRINGE KIT (EA)	$32,600,235
GENVOYA 150 mg-150 mg-200 mg-10 mg TABLET	$27,344,595
AUBAGIO 14 mg TABLET	$23,428,771
GILENYA 0.5 mg CAPSULE	$22,855,252
XTANDI 40 mg CAPSULE	$21,648,442
INFLECTRA 100 mg VIAL (EA)	$20,617,720

Prescription Drug Rebates

- Monitoring Drug Rebate trends and spending



Behavioral Health Administration

The Need

- CO State Legislation (27-50-201) requires the BHA establish a performance monitoring system "to track capacity and performance of all behavioral health providers, including those that contract with managed care entities or behavioral health administrative services organizations, and inform needed changes to the public and private behavioral health system in the state."
  - Project includes public presentation of aggregated Performance Hub data
- Measures focus on Behavioral Health access and quality

How CIVHC Helps

Deliverables based on CO APCD data:

- Custom report with Behavioral Health Access to Care measures
  - Stratified by patient demographics
  - (Ex: Follow-up care, Provider:Patient ratio)
- Limited data set to support new measure creation
  - Focus on behavioral health visits (excluding SUD claims)
  - Demographic information included to allow stratification of measures by race/ethnicity, gender, etc.

If you would like more information about how BHA will leverage this data to improve Colorado's behavioral health system, please reach out to jordan.bass@state.co.us

Colorado Option

- Hospital Colorado Option plan reimbursement floors start at 165% of Medicare, but dependent on individual hospital characteristics.
- Other providers cannot have a floor or Commissioner-set reimbursement rate less than 135% of Medicare.
- DOI calculates statewide median % Medicare rates using the APCD repriced claims to help carriers assess if they are at least 10% below the state median and potentially eligible for an alternate floor rate.

Facility Details

2022 | Inpatient and Outpatient Services Combined

SORT BY: Facility Name

^ Indicates a Critical Access Hospital
* Indicates Ambulatory Surgery Center

Reset Table Selection

Facility Name	Facility % of Medicare	County % of Medicare	Facility % Change 2019-2022
AdventHealth Avista	196%	200%	+7%
AdventHealth Castle Rock	201%	219%	-5%
AdventHealth Littleton	442%	260%	-46%
AdventHealth Parker	257%	219%	-10%
AdventHealth Porter	234%	186%	-8%
Animas Surgical Hospital	248%	271%	+3%
^Arkansas Valley Regional Medical Center	222%	222%	-18%
^Aspen Valley Hospital District	94%	94%	-10%
Banner Fort Collins Medical Center	168%	273%	-8%
Banner McKee Medical Center	262%	273%	-4%
Boulder Community Health	211%	200%	-16%
Childrens Hospital Colorado - Anschutz Medical Ca..	385%	318%	+0%
Childrens Hospital Colorado - Colorado Springs	391%	255%	-6%
Childrens Hospital Colorado - North Campus	394%	317%	-19%
Childrens Hospital Colorado - South Campus	392%	219%	+8%

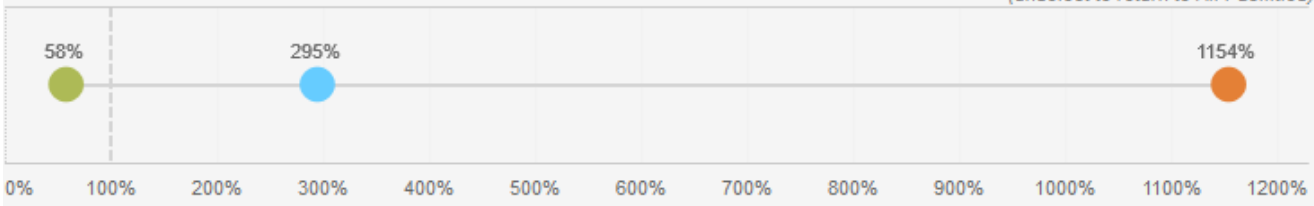
Commercial Payer % Medicare Range

Facility Selected: Animas Surgical Hospital

2022 | Inpatient and Outpatient Services Combined

Lowest payer % Medicare | Median payer % Medicare | Highest payer % Medicare

Select a Facility in the table above to filter the Facility Payer Range (unselect to return to All Facilities)



Facilities with extremely high or low % Medicare may indicate a low volume of claims for that payer.

Investing in Primary Care

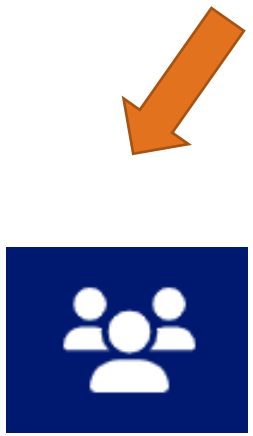
Tara Smith, Primary Care and Affordability Director
Colorado Division of Insurance
May 21, 2024

COLORADO
Department of Regulatory Agencies
Division of Insurance

House Bill 19-1233 & House Bill 22-1325

HB19-1233

Concerning Payment System Reforms to Reduce Health Care Costs by Increasing Utilization of Primary Care



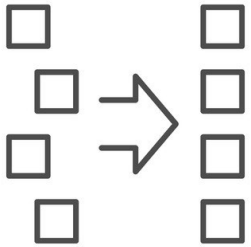
Primary Care Payment Reform Collaborative

Affordability Standards

HB19-1233

HB22-1325

Primary Care Alternative Payment Models (APMs)



Aligned Parameters for Primary Care APMS

HB22-1325

PCPRC Composition & Responsibilities

RESPONSIBILITES

- Advise in the development of affordability standards and target investments in primary care
- **Analyze the percentage of medical expenses allocated to primary care**
- Develop a recommendation of a definition of primary care
- Identify barriers to the adoption of alternative payment models (APMs) by health insurers and providers
- Develop recommendations to increase the use of APMs
- Increase investment in primary care delivery without increasing total costs of care and costs to consumers

Primary Care & APM Spending Report - APCD

§ 25.5-1-204(3)(c), C.R.S.

- APCD administrator shall provide an annual report to the Commissioner for use by the PCPRC regarding primary care spending by:
  - Commercial carriers;
  - Colorado's Medicaid program (Health First Colorado); and
  - Children's Health Insurance Program (CHP+)
- Report must include:
  - Percentage of total medical expenditures allocated to primary care;
  - Share of payments that are made through nationally recognized APMs;
  - Share of payments that are not paid on a fee-for-service (FFS) or per-claim basis
  - Data related to the aligned quality measure set determined by the DOI

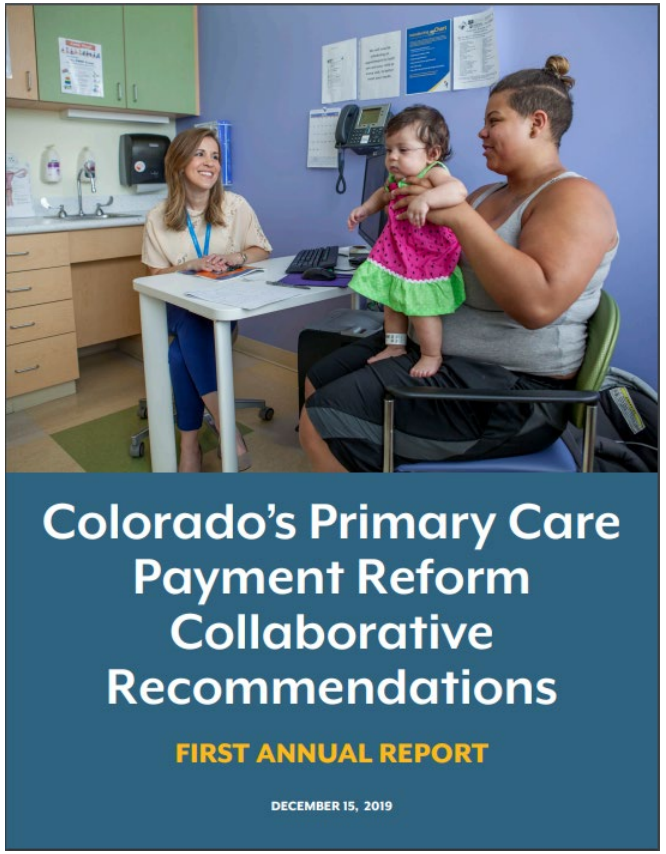
Primary Care Expenditures – APCD Reporting

$$\frac{\text{Claims-based payments for primary care} + \text{Non-claims-based payments for primary care}}{\text{Total claims-based payments} + \text{Total non-claims-based payments}}$$

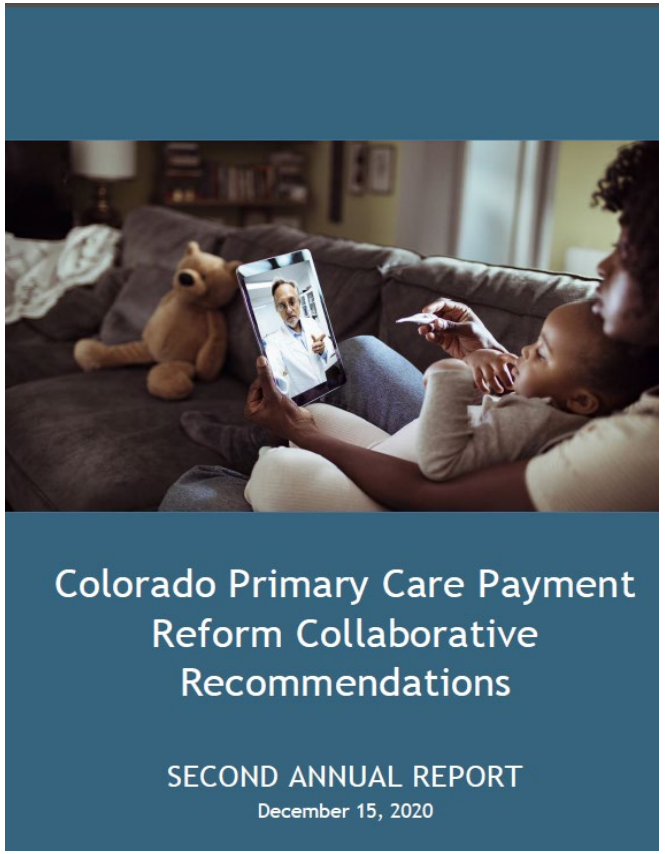
- HCP LAN categorization for APM collection
- Reported at line of business, carrier level
- Added fields to identify
  - Prospective payments
  - Payer vs member portion of spend
  - PMPM

- Family medicine physicians in an outpatient setting and when practicing general primary care
- General pediatric physicians and adolescent medicine physicians in an outpatient setting and when practicing general primary care
- Geriatric medicine physicians in an outpatient setting when practicing general primary care
- Internal medicine physicians in an outpatient setting and when practicing general primary care (excludes internists who specialize in areas such as cardiology, oncology, and other common internal medicine specialties beyond the scope of general primary care)
- OB-GYN physicians in an outpatient setting and when practicing general primary care
- Providers such as nurse practitioners and physicians' assistants in an outpatient setting and when practicing general primary care
- Behavioral health providers, including psychiatrists, providing mental health and substance use disorder services when integrated into a primary care setting

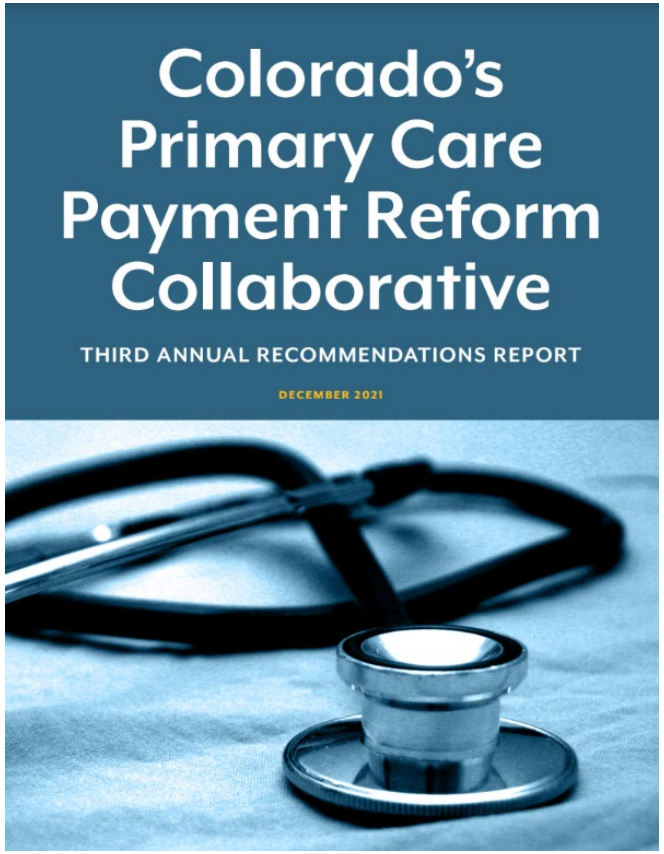
PCPRC Annual Recommendation Reports



2019: Investing in primary care



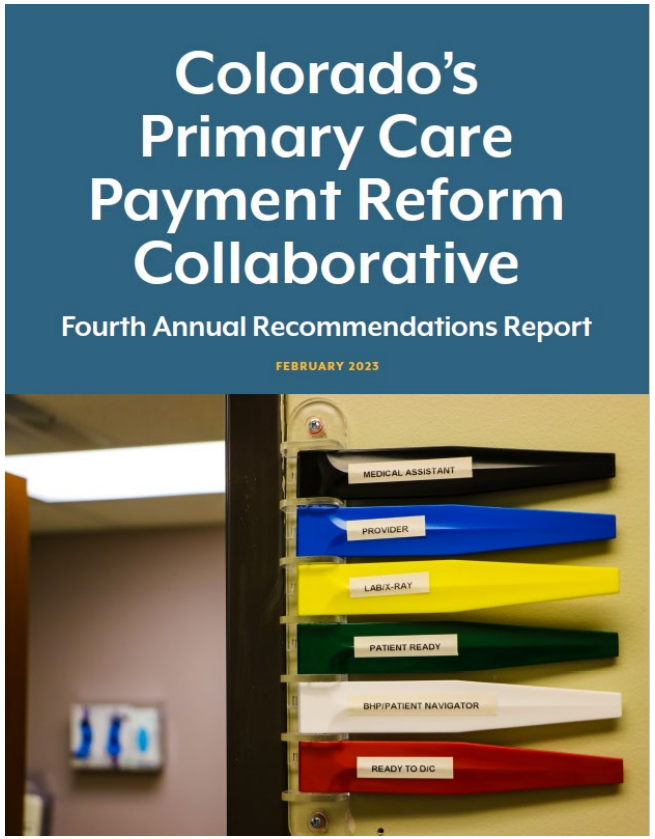
2020: APMs & payer alignment



2021: Health equity & collaboration

https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/primary-car

PCPRC Annual Recommendation Reports



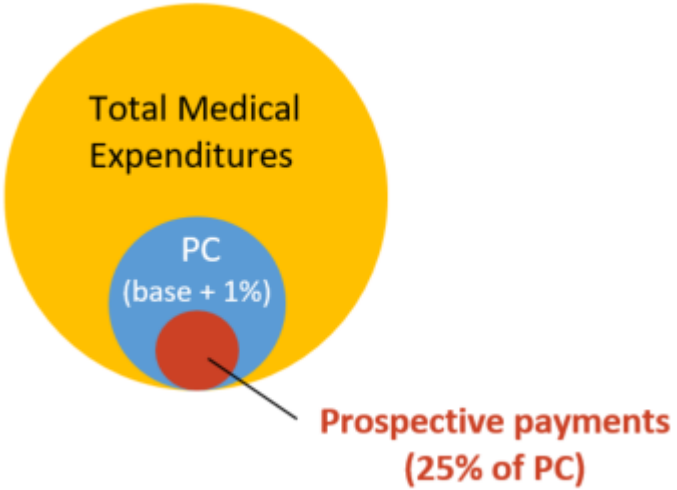
2023: APM Parameter Alignment

2024: Behavioral Health Integration

https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/primary-car

DOI Regulation 4-2-72

Primary Care



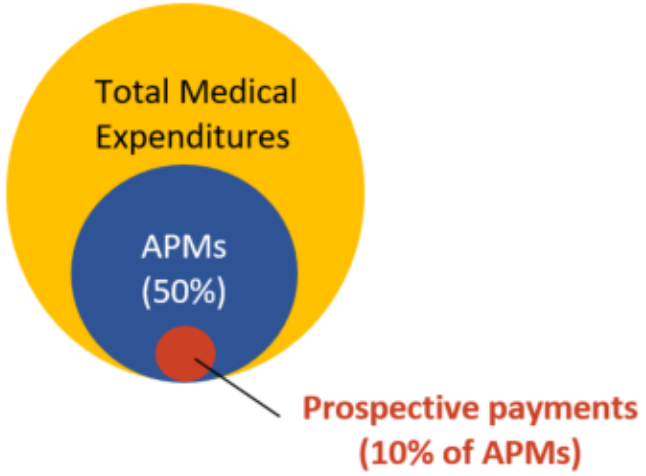
Requirement:

- One percentage point increase in 2022 and 2023

Target:

- 25% primary care expenditures through prospective payments by end of CY 2023

APM Expenditures



Target:

- 50% of total medical expenditures in APMs by end of 2022
- 10% of APM expenditures through prospective payments by end of CY 2022

Division Regulation 4-2-72

DOI Regulation 4-2-96

- Aligned APM parameters for: 1) risk adjustment; 2) patient attribution; 3) core competencies; 4) quality measures

- Adult measure set
  - Seven (7) measures
  - Four (4) Preventive care, two (2) chronic conditions, one (1) patient experience
  - CAHPS or Person-Centered Primary Care Measure
- Pediatric measure set
  - Seven (7) measures
  - Six (6) preventive care, one (1) patient experience
  - CAHPS or Person-Centered Primary Care Measure
- Annually reviewed

- Aligned measures must be included in quality measure set(s) for primary care APMs
  - Impact payment in meaningful way
  - Measure specifications must be followed
  - Adult/pediatric based on practice's panel composition
- May include measures in addition to aligned measure sets
- May petition Commissioner to modify or waive certain requirements

DOI Regulation 4-2-96

Future Goals

- Primary care and APM data
  - Explore data collection at more granular level – billing provider, age categories
  - Continued involvement with Health Care Payment and Learning Action Network (HCP LAN), other national and state initiatives looking at quality measure alignment
- Health equity
  - Collection and sharing of demographic data
  - Measuring/tracking health disparities
- Behavioral health integration
  - Increase ability to separate integrated behavioral health spending and “classic” primary care spending

APCD Data and Colorado Surprise Billing Law

Jill Mullen, Policy Advisor
Colorado Division of Insurance
May 21, 2024

COLORADO
Department of Regulatory Agencies
Division of Insurance

HB19-1174 Out of Network Health Care Services

- Background:
  - In 2019, the Colorado legislature passed HB 19-1174.
  - The bill protects individuals (with a DOI regulated health benefit plan) from surprise medical bills when: 1) receiving emergency care from an out-of-network provider or facility OR 2) receiving non-emergency care at an in-network facility from an out-of-network provider.
  - HB19-1174 sets up a payment framework for carriers to utilize for OON providers and facilities.
- No Surprises Act
  - In December 2020, Congress passed the No Surprises Act (NSA).
  - The law became effective January 1, 2022.
  - NSA does not include a payment methodology.

HB19-1174 OON Reimbursements

Carriers must reimburse the out-of-network provider the greater of:

- 110% of the carrier's median in-network rate of reimbursement for that service in the same geographic area;
- The 60th percentile of the in-network rate of reimbursement for the same service in the same geographic area for the prior year based on commercial claims data from the Colorado All-Payer Health Claims Database (APCD); or
- A negotiated independent reimbursement rate.

Carriers must reimburse the out-of-network facility the greater of:

- 105% of the carrier's median in-network rate of reimbursement for that service provided in a similar facility or setting in the same geographic area;
- The median in-network rate of reimbursement for the same service provided in a similar facility or setting in the same geographic area for the prior year based on claims data from the Colorado APCD; or
- A negotiated independent reimbursement rate.

DOI Implementation: Regulation 4-2-79

Regulation 4-2-79 and “Out of Network Data Request and Response Form"

Out-of-Network Data Request and Response Form

EQUESTING PROVIDER/FACILITY AND CONTACT INFORMATION:
G PROVIDER OR FACILITY TIN:
ARRIER AND CONTACT INFORMATION:
QUEST:

INSTRUCTIONS:
All fields must be completed to submit this form.
If more claims information are needed please add rows to the table

Providers/facilities: Please fill out the columns B-K starting on row 10
Carriers: Please fill out the corresponding rows starting in column L

REQUESTING PROVIDER DATA FIELDS (must be completely filled-out by requester)										CARRIER DATA FIELDS (must be completed by carrier)*						
	Carrier Claim Number	Patient Account Number	Date of Service	CPT/HCPCS Code	Units	Total Facility/Provider Charges	Total Amount Paid	Date Claim Paid	CO DOI Regulated Plan? Y/N	DOI Geographic Rating Area	Carrier Provider Methodology Calculation: 60th Percentile of Average In-Network Rate - APCD Data	Carrier Provider Methodology Calculation: 110% of Carrier Median In-Network Rate	Carrier Facility Methodology Calculation: Median In-Network Rate - APCD Data	Carrier Facility Methodology Calculation: 105% of Carrier Median In-Network Rate	Other Negotiated Amount (if applicable)	Amount Paid to Include Member Cost Sharing

APCD Data Sets on DOI Website

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1. Emergency Room Case Rates

DOI NUMBER	ER LEVEL	50th PERCENTILE	STATEWIDE USED
1	1	$ 478.58	0
2	1	$ 429.00	0
3	1	$ 499.00	0
4	1	$ 340.00	0
5	1	$ 393.75	0
6	1	$ 351.40	0
7	1	$ 509.47	0
8	1	$ 417.55	0
9	1	$ 572.01	0
1	2	$ 709.60	0
2	2	$ 755.20	0
3	2	$ 850.00	0
4	2	$ 630.97	0
5	2	$ 647.80	0
6	2	$ 708.00	0
7	2	$ 651.00	0
8	2	$ 518.01	0
9	2	$ 725.66	0
1	3	$ 994.81	0
2	3	$ 1,662.00	0
3	3	$ 1,729.00	0
4	3	$ 1,164.37	0
5	3	$ 1,299.94	0
6	3	$ 1,327.00	0
7	3	$ 1,712.89	0
8	3	$ 946.51	0
9	3	$ 1,420.80	0

2022 CO APCD 50th Percentile Allowed Amounts for Emergency Services

COLORADO

THANK YOU

CO APCD Evaluating Impact of Policy

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CO APCD Evaluating Impact of Policy

CO APCD Evaluating Impact of Policy	Bill/Reference
Telehealth Denied Claims/Parity, Services Analysis	CO Code 2022
Import Prescription Drugs from Canada	SB 19-005
State Innovation Waiver Reinsurance Program	HB 19-1168
Insurance Coverage Mental Health Wellness Exam	HB 20-1086
Actuarial Reviews Health Insurance Mandate Legislation	SB 22-040
Provider Payment Tool	SB 22-068
Essential Health Plan Benefits – Gender Affirming Care	2023 Plan Year
Analysis of Universal Health Care Payment System	HB 24-1075

Provider Payment Tool

PROCEDURE PRICES (NON-ANESTHESIA) | **PROCEDURE PRICES (ANESTHESIA)**

View Instructions

Select YEAR: 2022

Select PAYER TYPE: Commercial

Select PLACE OF SERVICE: Outpatient

Select GEOGRAPHY TYPE: Statewide

Select GEOGRAPHY: Colorado

Select PROVIDER TYPE or SETTING: Specialists and General Practitioners

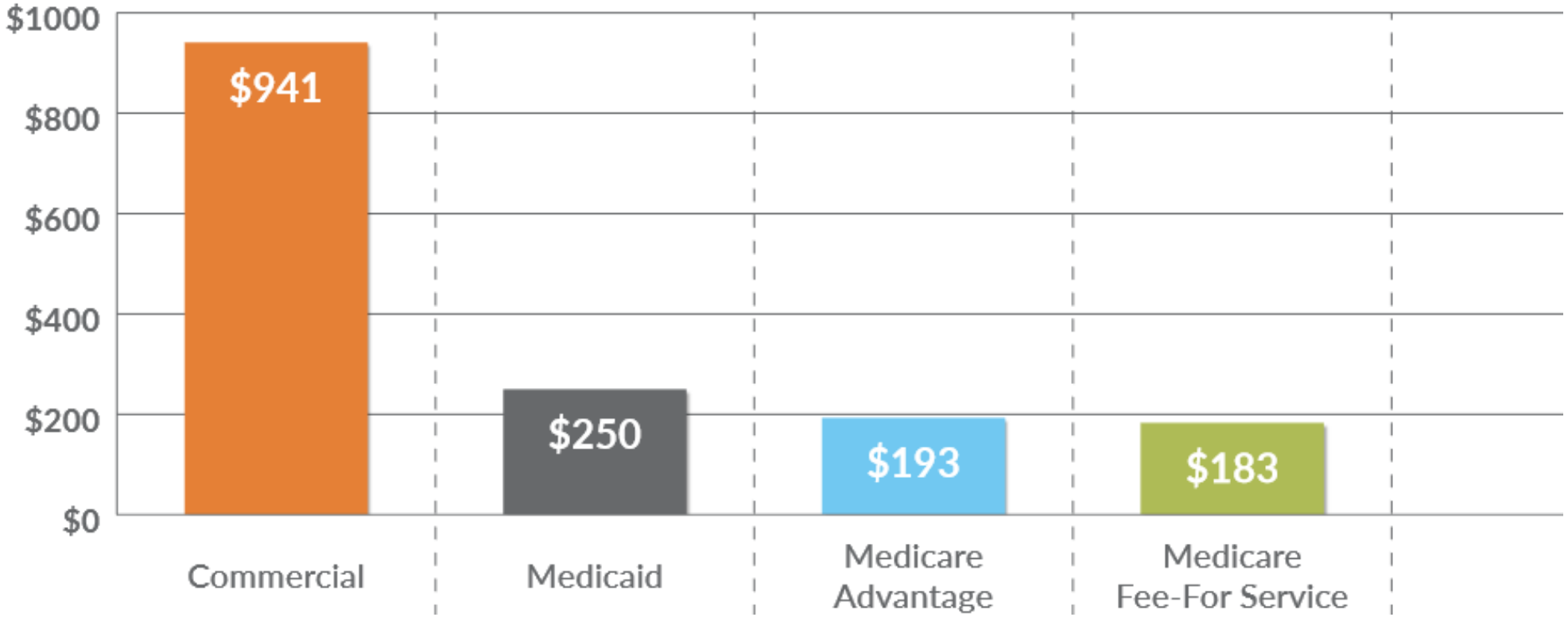
Type in CPT®/HCPCS Code

(S) Indicates Statewide Values are displayed due to low volume.
(D) Indicates DOI Values are displayed due to low volume.

Code/Description	Cost Category	Average Payment	25th Percentile	50th Percentile Payment	60th Percentile Payment	75th Percentile Payment
0001A: Intramuscular administration of single severe ac..	Flat Fee	$44	$40	$40	$41	$46
0002A: Intramuscular administration of single severe ac..	Flat Fee	$45	$40	$41	$41	$48
0003A: Intramuscular administration of single severe ac..	Flat Fee	$44	$40	$40	$41	$45
0004A: Intramuscular administration of single severe ac..	Flat Fee	$42	$40	$40	$41	$41
0202U - 26: Test for detection of respiratory disease-ca..	Flat Fee	$29	$30	$30	$30	$30
0240U: Respiratory infectious agent detection by RNA f..	Flat Fee	$138	$143	$143	$143	$143
0241U - 26: Respiratory infectious agent detection by R..	Flat Fee	$29	$24	$30	$30	$30
0241U: Respiratory infectious agent detection by RNA f..	Flat Fee	$135	$143	$143	$143	$143
0402T: Collagen cross-linking treatment of disease of co..	Flat Fee	$2,858	$1,440	$2,400	$3,000	$3,850
0502F: SUBSEQUENT PRENATAL CARE	Flat Fee	$0	$0	$0	$0	$0
0504T: Analysis of data from CT study of heart blood ve..	Flat Fee	$78	$43	$57	$88	$97
10005: Fine needle aspiration biopsy using ultrasound g..	Flat Fee	$169	$119	$156	$169	$197
10006: Fine needle aspiration biopsy using ultrasound g..	Per Unit	$103	$77	$87	$96	$116
10021: Fine needle aspiration biopsy, first growth	Flat Fee	$163	$128	$152	$162	$174
10030: Drainage of fluid collection in soft tissue using im..	Flat Fee	$324	$235	$262	$272	$310

Provider Payment Tool Example Use Case

What do anesthesiologists in Arapahoe County get paid to perform a 45-minute inpatient appendectomy (CPT® 00840) on a healthy patient?



Telehealth vs. In-person Payments

Statewide payments for telehealth were lower than some in-person visits in 2020 and 2021, although the gap is closing

2020

Over half of codes evaluated had a lower payment for telehealth than in-person

Median payment for telehealth visits was **$29** less than in-person

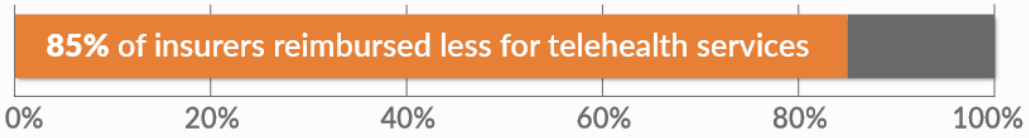
2021

Fewer than half of codes evaluated had a lower payment for telehealth than in-person

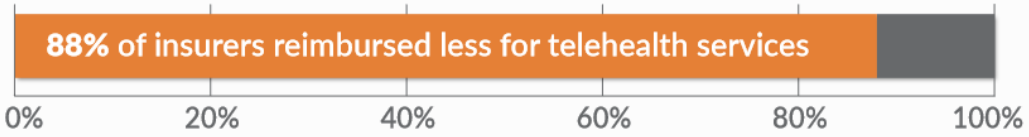
Median payment for telehealth visits was **$23** less than in-person

By individual commercial payer, payment variation was also different

2020: Payments were **$2** to **$59** lower for telehealth



2021: Payments were **$1** to **$54** lower for telehealth

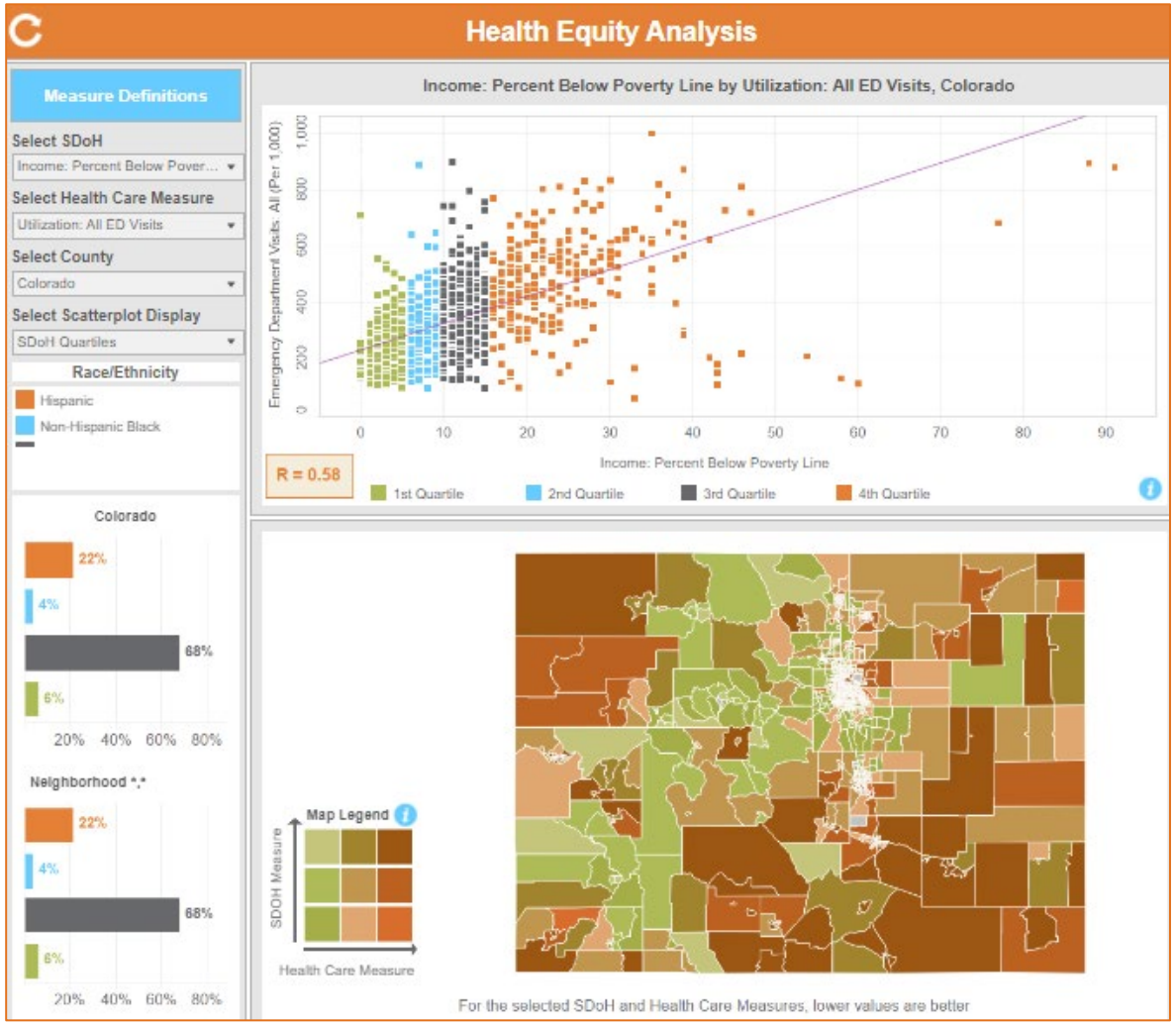


Gender Affirming Care

Year	# of Distinct People receiving Gender Affirming Care (Commercial and Medicaid)	# of Distinct Gender Affirming Care Services provided (Commercial and Medicaid)	Rate of Distinct People Receiving Gender Affirming Care per 100,000 Covered Lives (Commercial and Medicaid)
2016	751	3,605	2.4
2017	1,182	6,556	3.6
2018	1,622	8,971	5.1
2019	2,117	12,682	6.8
2020	2,591	15,388	8.3
2021	3,621	21,267	11.1
All Years	**6,277**	**68,469**	**3.3**

Additional Public Reports on civhc.org

- Shop for Care
- Community Dashboard
- Drug Rebates
- Low Value Care
- Alternative Payment Models
- Medicare Reference Pricing
- Telehealth Services Analysis
- Health Equity Analysis
- Provider Payment Tool
- Additional Excel Files on Varying Topics



Questions and Feedback

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